

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551085

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10	1							60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15	1							65					
16		1						66					
17	1							67					
18		1						68					
19								69					
20								70					
21								71					
22								72					
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25								75					
26								76					
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28								78					
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32								82					
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35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	12							TOTAL IND.					
TOTAL DEP.	14							TOTAL DEP.					
TOTAL CLAIMS	18							TOTAL CLAIMS					